

Municipal Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2013 Election

Name James "Jim" Newell
 Address 1511 Audubon Dr. County Lee
 Telephone 662 401.6187 Fax _____
 Office Sought Councilman Ward 3 Email Address Jimnewell@gmail.com

☐ Check here if above is different from previous report

____ April 30, 2013 Pre-Election Report (January 1, 2013, through April 27, 2013).....Mandatory
 ____ May 14, 2013 Pre-Runoff Report (April 28, 2013, through May 11, 2013).....Runoff Candidates Only
☒ May 28, 2013 Pre-Election Report (April 28, 2013, through May 25, 2013).....Mandatory
 ____ January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013).....Mandatory

☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$ <u>2710.00</u>	\$ <u>1600.00</u>	\$ <u>4310.00</u>
Total amount of disbursements \$	+\$ <u>4307.00</u>	\$ <u>0</u>	\$ <u>4307.00</u>
Total amount of cash on hand	\$	\$ <u>3.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate _____

Date 5/28/13

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee JAMES "Jim" Newell
 Reporting period April 28 2013 through May 25 2013

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>James Newell</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u>1511 Audubon Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Tupelo, MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>ITAWANHA CC</u>		<u>5</u> / <u>28</u> / <u>13</u>	\$ <u>1600.00</u>
Occupation (Required) <u>Instructor</u>		Aggregate year-to-date	\$ <u>1600.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Reporting period through

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
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Other (please specify) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>